

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD FILED		APPLICANT AFFIDAVIT		APPLICANT AFFIDAVIT	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2		1				
3		1				
4		1				
5		4				
6		0				
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TOTAL IND.	1					
TOTAL DEP.	8					
TOTAL CLAIMS	9					

	AD FILED		APPLICANT AFFIDAVIT		APPLICANT AFFIDAVIT	
	CHD	DEP	CHD	DEP	CHD	DEP
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